



# Maryland State Board of Elections

Name of Entity : Mckesson, DeRay Citizens for  
Filing Period Name : 10/23/2016 Pre-General2 Report Presidential

Entity Number : 01011359  
Report Due Date : 10/28/2016

## Campaign Finance Report Summary Sheet

### Part 1

Transaction Period → This Report covers transactions beginning 08/24/2016 and ending 10/23/2016 .  
Date Date

- ☐ Final Report (Check if you intend to close the account. This cannot be a final report if a cash balance or outstanding obligation remains)  
☐ Amendment # \_\_\_\_\_ (Date amendment is being filed \_\_\_\_\_ .)

### Part 2

Bank Account Name	Bank Account Number	Bank Account Balance*
*As of the report transaction ending date. Total		\$11,084.00

### Part 3

#### Receipts

Contributions – Schd 1, Col A	\$0.00
Ticket Purchases – Schd 1, Col B	\$0.00
Federal Committees – Schd 1, Col C	\$0.00
Political Clubs – Schd 1, Col D	\$0.00
MD Candidate and Slate Accounts – Schd 1A, Col E	\$0.00
MD Party Central Committees – Schd 1A, Col F	\$0.00
MD Political Action Committees – Schd 1A, Col G	\$0.00
Non-Federal Out-of-State Committees – Schd 1A, Col H	\$0.00
Other – Schd 1B, Col I	\$0.00
Loans – Schd 3, Col K	\$0.00

Enter Total in Part 4 (Total Receipts)

#### Expenditures

Salaries & Other Compensation – Schd 2, Col N	\$1,265.65
Rent & Other Office Expenses – Schd 2, Col O	\$3,120.00
Field Expenses – Schd 2, Col P	\$0.00
Media – Schd 2, Col Q	\$0.00
Printing & Campaign Materials – Schd 2, Col R	\$0.00
Direct Mailing by Mail House – Schd 2, Col S	\$0.00
Postage – Schd 2, Col T	\$0.00
Purchase of Equipment – Schd 2, Col U	\$0.00
Fundraising Expenses – Schd 2, Col V	\$0.00
Transfers Out – Schd 2, Col W	\$0.00
Loan Repayment – Schd 2, Col X	\$0.00
Other – Schd 2, Col Y	\$0.00
Returned Contribution – Schd 2, Col Z	\$0.00

Enter Total in Part 4 (Total Expenditures)

■ Current ■ Amended ■ Deleted

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## Part 4

Prior Balance	\$15,469.65	Report calculated cash balance from Part 4 of your prior report.
+		
Total Receipts	\$0.00	Total of Part 3 Receipts
-		
Total Expenditures	\$4,385.65	Total of Part 3 Expenditures
=		
Cash Balance	\$11,084.00	This is your report calculated cash balance. Carry forward this balance to your next report.

## Part 5

Value of In-Kind Contributions – Schd 1B, Col J	\$0.00
Value of In-Kind Expenditures – Schd 2, Col AA	\$0.00

## Part 6

Outstanding Loan Balance – Schd 3, Col L	\$0.00
Outstanding Bills Due – Schd 3, Col M	\$0.00
Total Outstanding Obligations	\$0.00

## Part 7

Under penalty of perjury, we declare that we have examined this report, including the accompanying schedules, and to the best of our knowledge and belief they are complete and accurate.

DRUMMOND, NAKEIA LINETTE	(Date)	10/28/2016
Signature of Treasurer		
MCKESSON, DERAY	(Date)	10/28/2016
Signature of Chairman		

## Warning

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Name of Entity : Mckesson, DeRay Citizens for  
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## SCHEDULE - 2

### Expenditures N - Salaries and other compensation

(see schedules 1A and 1B for other types of Income)

Date	Payment Method	Name and Address of Payee (The payee is the person who is the ultimate recipient of campaign funds)	Name and Address of Reimbursee (The reimbursee is the person who received the campaign check as a reimbursement for the expenditure. The reimbursee must be a campaign worker.)	ADMIN ✓	Amount
09/01/2016	Check	Stern, Ryan 325 9th St SE, Washington, DC 20003		<input type="checkbox"/>	\$1,145.65
Expenditure Purpose:		Staff - Travel			
	Remarks:				
09/07/2016	EFT	Zane Benefits 383 W Vine St, Ste 300, Salt Lake City, UT 84123		<input type="checkbox"/>	\$60.00
Expenditure Purpose:		Staff - Employee Benefits Costs			
	Remarks:				
10/04/2016	EFT	Zane Benefits 383 W Vine St, Ste 300, Salt Lake City, UT 84123		<input type="checkbox"/>	\$60.00
Expenditure Purpose:		Staff - Employee Benefits Costs			
	Remarks:				
Total					\$1,265.65

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## SCHEDULE - 2

### Expenditures O - Rent and other office expenses

(see schedules 1A and 1B for other types of Income)

Date	Payment Method	Name and Address of Payee (The payee is the person who is the ultimate recipient of campaign funds)	Name and Address of Reimbursee (The reimbursee is the person who received the campaign check as a reimbursement for the expenditure. The reimbursee must be a campaign worker.)	ADMIN ✓	Amount
09/01/2016	Check	Blue State Digital 101 Avenue Of The Americas, Fl 12, New York, NY 10013		<input type="checkbox"/>	\$1,170.00
Expenditure Purpose:		IT - Campaign Software			
	Remarks:				
09/01/2016	Check	NGP VAN, Inc. 1101 15th St NW, Washington, DC 20005		<input type="checkbox"/>	\$1,950.00
Expenditure Purpose:		IT - Campaign Software			
	Remarks:				
Total					\$3,120.00

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## Amendments Summary

Report No	Filed date	Report Type
1	10/28/2016	Original

■ Current   ■ Amended   ■ Deleted

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